MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582463 APPLICANT(S) FILING DATE
612106

CLAIMS

<u> </u>	<u> </u>		A TOO	TIPE I	<u> </u>		CLAIN	18			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	j		IND.	DEP.	IND.	DEP.	IND.	DEP.
$\frac{1}{2}$		A			-		1	51						
3					<u> </u>			52 53						
4							1	54				<u> </u>	-	
_5	· ·						1	55						
_6							1	56						
7]	57						
8								58						
10			}				1	59			<u> </u>			
11							{	60					-	
12		_					{	62						
13							1	63						-
14)	64						
15								65						
16			ļļ					66	 I					
17 18	 	-						67					\vdash	
19		+						68 69						
20								70						
21								71						
22								72						
23								73						
24			ļ ļ					74						
25 26								75						
27								76 77						
28								78						
29					i			79						
30								80						
31								81						
32 33								82						
34				{}				83 84						
35								85					-+	
36								86						
_37								87						
38								88						
39								89						
40 41								90						
42								91 92			 i			
43								93		{}				
44								94				 		
45								95						
46								96						
47								97				[
48								98						
50								99 100				{}	 -	
TOTAL			-	╼╤═╬				TOTAL		╤╣				 _
IND.		\Box		\Box		\triangle		IND.		\Box		\Box		♪
TOTAL DEP.	18	\Diamond		\Diamond		\Diamond		TOTAL DEP.		\Diamond		<>		ʹͻͺͺͺͺ
TOTAL CLAIMS	19		11					TOTAL CLAIMS				× × :		*
											TMENT of COMMERCE rademark Office			